

EXHIBIT 3

Steve trubow

Subject: FW: Accept your offer of withdrawal

From: Donald Morisky <dmorisky@gmail.com>

Sent: Friday, June 21, 2019 12:37 PM

To: Steve Trubow <trubow1@gmail.com>

Subject: Accept your offer of withdrawal

Steve: After consideration, I have decided to accept the offer of withdrawal as a member contained in the February 14, 2019 e-mail from you to me. I have attached below a copy for your convenience. The offer "If you want to withdraw from MMAS Research LLC you are free to do so, but you will give up your 50% ownership in the Morisky Widget" is accepted. I hereby withdraw as a member and from all other of my roles on behalf of MMAS Research, LLC, effective June 21, 2019. Thank you. "



Office of the Secretary of State
Corporations & Charities Division
(360) 745-6377 | www.sos.wa.gov
801 Capitol Way S, Olympia, WA 98504-0234

☐ Filing Fee \$10

☐ Filing Fee with Expedited Services \$60

This Box for Office Use Only

Secretary of State
State of Washington
Date Filed: 07/05/2019
Effective Date: 07/05/2019
UBI No: 604 068 990

AMENDED REPORT

RCW 33.91.255

All fields required unless otherwise specified

Entity Name: MMAS Research, LLC

UBI: 604-068-990

Has your registered agent changed? ☐ YES ☒ NO If Yes, please be sure to complete page 2.

Principal Office Street Address
(Must be a physical address; No PO Box or FPO)

Address: 14725 NE 20th Street, Suite D-51

Zip: 98087 City: Bellevue

State: WA Country: USA

Mailing Address (optional)

☐ Check if mailing address is the same as street address.

Address:

Zip: City:

State: Country:

Phone (optional): 360-524-0701

Email (optional): Trubow@mmas.com

Governor(s) (list all names; attach additional pages if necessary) *An entity cannot serve as its own Governor

Name: Steven Trubow

Name: Note: Donald Morley is no longer a member of

Name:

Name: EMMETT

Name:

Name:

Nature of Business (briefly describe the type of business your entity conducts in the state of Washington):

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.

Signature of Authorized Person:

Donald S. Morley

Date: 6-25-19

Print Name and Title of applicant: Donald Morley

Phone (optional):

Email (optional):

Amended Report
Pg 1 of 1 Filed 7/20/19

Work Order #: 2019070100339323 - 1

Received Date: 07/01/2019

Amount Received: \$10.00